

Georgia Department of Motor Vehicle Safety
1200 Tradeport Blvd Room 1129 Driver Education • Hapeville, Georgia 30354 (888) 774-1459 • (404) 675-6072 • <u>DriverEd@gadmvs.com</u>

Physical Examination Certificate

Name:											
		(First)		(Middle)			(Last)				
Address:											
		(Street)		(City)		(State)	(Zip Code)				
Date of B	irth:										
		(Month)		(Day)			(Year)				
Name of	School (Em	ployed):			School I	_icense Number:					
School A	ddress:										
	Street:										
	City:										
	County:										
	Zip:										
Applicant Training I	cannot be a	absent of one eye, hand or foo structor License will not be issu	ot. If any ar ued.	m or leg is ampu	utated, stiff or	paralyzed to the exter	nt it has lost its normal use; a Driver				
Health History											
Yes	<u>No</u>			Yes	<u>No</u>						
		Head or Spinal Injury				Communicable Dis	sease				
		Convulsions, Fits, Epilepsy				Any Incurable Dise	ease				
		Sleeping Sickness				Diabetes					
		Ever Confined as Invalid				Permanent Defect	as Result of Disease or Accident				
		Heart Disease									
		Tuberculosis									
Other illn	ess or injuri	es:									
General appearance and development:			☐ Go	od	☐ Fair] Poor				
Height:				Weight:							
Head:											
Eyes for I	Distance (w	ithout glasses/contacts):		Right 20 /		Left 20 /					
Eyes for Distance (with glasses/contacts):			Right 20 /			Left 20 /					
Evidence of injury:		Rigl	Right:		Left:						
Color Vis	ion: _		Horizontal	Field:	Right:	Le	eft:				
Ears (Hearing @ 20 ft.):		Right:			Left:						

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Plocax	Georgia Department of Motor		Physical Examination Cert
Heart			
If Organic disease is present, is it fully compensated? Yes No Blood Pressure (Sitting): Systolic: Disabolic: Pulse: Before Exercise: Two Minutes After Exercise: Lungs: Abdomen: Scars: Abnormal Masses: Tendemess: Hernia: Yes No If so, where: Gastro-Uninary: Scars: Urethral Discharge: Extremities: Urethral Discharge: Extremities: Urethral Discharge: Extremities: Urethral Discharge: Extremities: Sugar: Drug Screening (Negative or Positive): Amphetamines: Cocaine Marijuana Metabolites: Phencyclidine: Copies of all Laboratory Reports Results must be attached Doctor's Certificate: Phencyclidine: Doctor's Certificate: Day of 20 Examined and that I find his/her physical condition is sufficiently sound to perform the duties required by a Driver Education Instructor. Printed Name of Examining Doctor Address of Examining Doctor	Thorax:		
Blood Pressure (Sitting): Systolic: Diastolic: Pulse: Before Exercise: Two Minutes After Exercise: Lungs:	Heart:		
Pulse: Before Exercise: Two Minutes After Exercise:	If Organic disease is present, is it fully comp	ensated?	☐ Yes ☐ No
Lungs: Abdomen: Stars:	Blood Pressure (Sitting): Systolic:		Diastolic:
Abdomen: Scars:	Pulse: Before Exercise:	Two Minutes After E	exercise:
Scars: Abnormal Masses: Tendemess: Hemia: Yes No If so, where: Gastro-Urinary. Scars: Urretival Discharge: Extremitles: Upper: Lower: Spine:	Lungs:		
Hernia: Yes No If so, where:	Abdomen:		
Gasto-Urinary. Scars:	Scars: Abnormal	Masses:	Tenderness:
Scars:	Hernia: Yes No	If so, where:	
Extremities: Upper: Lower: Spine: Laboratory Findings: Urine: Spec. Gr.: Alb: Sugar: Drug Screening (Negative or Positive): Amphetamines: Metabolites: Metabolites: Opiates: Phencyclidine: Cocaine Metabolites: Metabolites: Opiates: Phencyclidine: Copies of all Laboratory Reports Results must be attached Doctor's Certificate: This is to certify that I have this Day of J. 20 examined and that I find his/her physical condition is sufficiently sound to perform the duties required by a Driver Education Instructor. Signature of Examining Doctor Printed Name of Examining Doctor Address of Examining Doctor	Gastro-Urinary:		
Extremities: Upper: Lower: Spine: Laboratory Findings: Urine: Spec. Gr.: Alb: Sugar: Drug Screening (Negative or Positive): Amphetamines: Metabolites: Marijuana Amphetamines: Metabolites: Metabolites: Opiates: Phencyclidine: Copies of all Laboratory Reports Results must be attached Doctor's Certificate: This is to certify that I have this Day of J.20 examined and that I find his/her physical condition is sufficiently sound to perform the duties required by a Driver Education Instructor. Signature of Examining Doctor Printed Name of Examining Doctor Address of Examining Doctor	Scars:	Urethral Discha	arge:
Lower: Spine: Laboratory Findings: Urine: Spec. Gr.:			
Lower: Spine: Laboratory Findings: Urine: Spec. Gr.:	Upper:		
Spine: Laboratory Findings: Urine: Spec. Gr: Alb:			
Laboratory Findings: Urine: Spec. Gr.: Alb:			
Urine: Spec. Gr.: Alb: Sugar: Drug Screening (Negative or Positive): Amphetamines: Cocaine			
Drug Screening (Negative or Positive): Amphetamines: Cocaine Metabolites: Metabolites: Opiates: Phencyclidine: Copies of all Laboratory Reports Results must be attached Doctor's Certificate: This is to certify that I have this Day of , 20 examined and that I find his/her physical condition is sufficiently sound to perform the duties required by a Driver Education Instructor. Signature of Examining Doctor Printed Name of Examining Doctor Address of Examining Doctor		Alb.	Sugar
Amphetamines: Cocaine Metabolites: Metabolites: Copiates: Phencyclidine: Copies of all Laboratory Reports Results must be attached Copies of all Laboratory Reports Results must be attached	·		
Opiates:		Cocaine	Marijuana
Copies of all Laboratory Reports Results must be attached Doctor's Certificate: This is to certify that I have this Day of and that I find his/her physical condition is sufficiently sound to perform the duties required by a Driver Education Instructor. Signature of Examining Doctor Printed Name of Examining Doctor Address of Examining Doctor	'		
Doctor's Certificate: This is to certify that I have this	Opiates:	Phencyclidine:	
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Signature of Examining Doctor Printed Name of Examining Doctor Address of Examining Doctor			and that I find his/her physical condition is sufficiently sound to pe
Printed Name of Examining Doctor Address of Examining Doctor	the duties required by a Driver Education In	structor.	
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Address of Examining Doctor			Printed Name of Examining Doctor
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License Number of Examining Doctor			Address of Examining Doctor
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